Within corporate limits

W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02400

CERTIFICATE OF DEATH

Reg. Dist. No. 4

(M)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.; LENGTH OF STAY (in this place) 22 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; STREET ADDRESS (If rural, give location) 408 WASHINGTON ST.

3. NAME OF DECEASED (Type or Print): (First) PRISCILLA (Middle) (Last) ANNAN

4. DATE OF DEATH: (Month) MAR. (Day) 28 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 11, 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL ANNAN

14. MOTHER'S MAIDEN NAME: VIRGINIA BUTCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aplastic Anemia — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 292.4 — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1949 to 3-28, 1952, that I last saw the deceased alive on 3-27, 1952, and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE W. F. Williams (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 3-29-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 3-31-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: March 31, 1952

REGISTRAR'S SIGNATURE: Vinton K. Kantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md

VSA 15

RECEIVED
APR 4 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02401

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
LENGTH OF STAY (in this place) 30years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary Ann (Middle) (Retallick) (Last) Barncord

4. DATE OF DEATH: (Month) (Day) (Year) Mar.6,1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 2, 1872

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housweork

11. BIRTHPLACE (State or foreign country): Midland,Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Retallick

14. MOTHER'S MAIDEN NAME: Rhoda Hockings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: David Henry Barncord, Cumberland,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 m

422.1 Antecedent cause(s) DUE TO Arterio Sclerosis — Unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Venus Injection — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1949, to Aug. 1951, that I last saw the deceased alive on Aug., 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

D. Rees MD 40 Hillcrest St Cumberland Md 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar.9,1952

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland,Md.

DATE REC'D BY LOCAL REG. March 8 1952

REGISTRAR'S SIGNATURE J. Lloyd Wolfe

24. FUNERAL DIRECTOR Harvey H. Leigler ADDRESS Hyndman, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAR 12 1982
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02402

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Little Orleans
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Little Orleans
STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) J. (Last) Beatty
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Sept.30-1860
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Buck Valley, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Ray
14. MOTHER'S MAIDEN NAME Sarah J Ray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs.Marvin Golden, Little Orleans, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized aeteriosclerosis (senility)	gradual
4500 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED March 12-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF 3.15.52
NAME OF CEMETERY OR CREMATORY Buck Valley Christian
LOCATION (City, town, or county) Bethel Township Fulton Penna. (State)
DATE REC'D BY LOCAL REG. March 15-1952
REGISTRAR'S SIGNATURE Mrs. Sue C. Grievan
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 18 1952
BUREAU V. S.

DR. ROBINSON

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02403

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 33 MIN.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural, give location): ROUTE # 4 BOX 344 Irons Mt.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
RICHARD LEE BIBLE	MARCH 20 1952	MALE	WHITE	SINGLE	DEC. 20, 1943	8 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	Student	OHIO Hanover,	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
LEONARD O. BIBLE	MARGARET L. PRIEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningitis, meningococcus

DUE TO

Antecedent cause(s) 057.0

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 19 52, to 3/20, 19 52, that I last saw the deceased alive on 3/20, 19 52, and that death occurred at 7:58 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Thomas Robinson M.D.		132 S. Liberty St. Cumberland, Md	3/21/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/22/52	Mt. Herman Cem.	Cumberland, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22, 1952	Charles R. Mantz, M.D.	Charles L. George	Cumberland, Md

VS.A15 8-51

RECEIVED
MAR 26 1952
BUREAU W. S.

Within corporate limits DR. MURRAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02404

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 11 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 329 CITY VIEW TERRACE

3. NAME OF DECEASED: (Type or Print) (First) ~~BISHOP~~ (Middle) BABY (Last) BOY Bishop

4. DATE OF DEATH: (Month) (Day) (Year) 3/7/52 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): BABY

8. DATE OF BIRTH: 3/7/52

9. AGE last birthday: ✓ 11 HOURS yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver J. Bishop

14. MOTHER'S MAIDEN NAME: MARY E. THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Premature 5 1/2 months baby — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

DUE TO

776X Antecedent cause(s) (b) Dnt know

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1952, to March 7, 1952, that I last saw the deceased alive on March 7, 1952 and that death occurred at 8:45 PM. from the causes and on the date stated above.

SIGNATURE F. Alan G. Murray (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED March 8 52

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION

DATE THEREOF 3/8/52

NAME OF CEMETERY OR CREMATORY MEMORIAL HOSPITAL

LOCATION (City, town, or county) (State) CUMBERLAND, MD.

DATE REC'D BY LOCAL REG. March 8, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Memorial Hosp., Cumberland, Md. ADDRESS

1036723222241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

Within corporate limits

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12405

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 1 DAY

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE PENNA COUNTY SOMERSET

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MEYERSDALE

STREET ADDRESS (If rural, give location): MARKET SQUARE

3. NAME OF DECEASED: (Type or Print) (First) BOWMAN (Middle) BABY BOY (Last)

4. DATE OF DEATH: (Month) MARCH (Day) 5 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	BABY	3/4/52	1 DAY yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		PENNSYLVANIA	U.S.A.

13. FATHER'S NAME: ELMER S. BOWMAN

14. MOTHER'S MAIDEN NAME: MARGARET TRESSLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Prematurity

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Intestinal Atresia

DUE TO (c)

756.2

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/52, to 3/5/52, that I last saw the deceased alive on 3/5/52, and that death occurred at 6:55 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. Royce Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 3/6/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/7/52	Union Cemetery	Meyersdale, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 6, 1952	Winter K. Frantz, M.D.	H. K. Lowhaus	Meyersdale, Pa.

VS-A5 8-51

IV-3-772778

RECEIVED
MAR 11 1952
BUREAU V. S.

RWRuwe

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2406

Reg. Dist. No. 6

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport — LENGTH OF STAY (in this place): 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): Central Ave

3. NAME OF DECEASED (Type or Print): (First) Eden (Middle) (Last) Brashear
4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10 Sept 1863
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Mt Airy, Maryland.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Gassaway Brashear
14. MOTHER'S MAIDEN NAME: Catherine Shipley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: William Brashear, Westernport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Cardio Vascular renal

Antecedent cause(s) (b) Disease — 2 days

442X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1952, to 3/6, 1952, that I last saw the deceased alive on 3/6, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE: RW Reeves (Degree or title) MD — ADDRESS: Westernport Md. — DATE SIGNED: 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9 Mar 52 — NAME OF CEMETERY OR CREMATORY: Miller Cemetery — LOCATION (City, town, or county) (State): 4 Mi E. of Westernport Md.

DATE REC'D BY LOCAL REG.: Mar 9, 1952 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly — 24. FUNERAL DIRECTOR: E. S. Boal — ADDRESS: Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 14 19[illegible]
BUREAU V. S.

Within corporate limits

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8240

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 3HRS. 5MIN

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BARTON – Rural ✓

STREET ADDRESS (If rural, give location) 5 mi West of Barton

3. NAME OF DECEASED: (Type or Print) (First) LA VENA (Middle) (Last) BROADWATER

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 17 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow MARRIED

8. DATE OF BIRTH: SEPT 28, 1868

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Barton, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Moore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Robert Russell, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3/18/52

491X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1952, to 3/17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 9:35PM m., from the causes and on the date stated above.

SIGNATURE R W Reeves MD (DEGREE OR TITLE) ADDRESS Westernport Md DATE SIGNED 3/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 20 March 52

NAME OF CEMETERY OR CREMATORY Laurel Hill

LOCATION (City, town, or county) (State) Moscow, Md.

DATE REC'D BY LOCAL REG. March 19, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR L S Boal, Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

Item 9 Film G140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH 02468

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In this place): 3.1/2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Lonaconing
STREET ADDRESS (If rural, give location): Knapps Meadows

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) S. (Last) Brodie
4. DATE OF DEATH: (Month) Mar. (Day) 12 (Year) 52
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Jan.12-1870
9. AGE last birthday: 81 81 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired coal miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining coal
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bernard Brodie
14. MOTHER'S MAIDEN NAME: Isabell Strange
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-0473
17. INFORMANT AND ADDRESS: Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic congestion of the lungs. — 3.1/2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Traumatic Pneumonia) — weeks

(c)

900.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home near (CITY OR TOWN) Lonaconing (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) Feb. (Day) 16 (Hour) 2:30 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped & fell on icy covered back porch steps.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.V.Deming M.D. H. V. Deming M. D. Cumberland, Md. March 13-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 16 March
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county): Lonaconing (State): Md.

DATE REC'D BY LOCAL REG. [illegible] 3-18-52
REGISTRAR'S SIGNATURE [illegible] Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR: E. J. Beal ADDRESS: Westernport, Md.

VS. A15A

RECEIVED
MAR 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2409 6

1. PLACE OF DEATH COUNTY: Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Allegany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport — LENGTH OF STAY (in this place): 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 420 Maryland Avenue	STREET ADDRESS (If rural, give location): 420 Maryland Avenue.

3. NAME OF DECEASED (Type or Print)	(First) Norman	(Middle) Francis	(Last) Burns.	4. DATE OF DEATH (Month) March (Day) 10, (Year) 1952. 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 9, 1887	9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper	10b. KIND OF BUSINESS OR INDUSTRY: W. Va. P&Paper Co.	11. BIRTHPLACE (State or foreign country): Windsor Mills, Canada	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: William Burns		14. MOTHER'S MAIDEN NAME: Penelope Burfitt.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 217-05-0261	17. INFORMANT AND ADDRESS: Mrs. Elizabeth Burns. Westernport		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Esophagus	1 1/2 yrs
160X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to March 10, 1952 that I last saw the deceased alive on March 10, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P E Berry	M. D.	Piedmont W. Va	3/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: March 13, 1952	NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery	LOCATION (City, town, or county) (State): Westernport, Md.
DATE REC'D BY LOCAL REG.: March 12, 1952	REGISTRAR'S SIGNATURE: Mrs Jan C. Kelly	24. FUNERAL DIRECTOR: Harold Hedlock Jr	ADDRESS: Piedmont, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02410

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 913 Gephart Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 913 Gephart Dr.

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) Joseph (Last) Carolan

4. DATE OF DEATH: (Month) Mar. (Day) 16, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 31, 1887

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Partner

10b. KIND OF BUSINESS OR INDUSTRY: Liquor Business

11. BIRTHPLACE (State or foreign country): Baieborough, Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Terence P. Carolan

14. MOTHER'S MAIDEN NAME: Margaret Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-07-6865

17. INFORMANT & ADDRESS: Mr. Terence Carolan Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac arrest

260X

Antecedent cause(s) DUE TO (b) Hypertensive & arteriosclerotic heart disease ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Generalized arteriosclerosis ? Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH: 10 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan., 1952, to 16 Mar., 1952, that I last saw the deceased alive on 15 Mar., 1952, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ocme (DEGREE OR TITLE) ADDRESS Cumb. Md. DATE SIGNED 17 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-19-1952

NAME OF CEMETERY OR CREMATORY St. Patricks Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 18, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2411

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN dead on arrival at the — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#2 Flintstone, Md.
STREET ADDRESS (If rural, give location) Beans Cove, Pa.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	Houston	Casteel		Mar.	31	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	May 16-1886	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm.	Beans Cove, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Casteel	Everline Perdew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	52-0266-059	Bertha Hite Casteel (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac & respiratory paralysis due to a crushed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) spinal cord, at first cervical vertebrae, the

(c) latter was dislocated due to a fall.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (*) OR CONTRIBUTING (*) CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	farm	Beans Cove	Bedford	Pa.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work (*) Not while at work ☐	HOW DID INJURY OCCUR
March 31/52 P. m.		standing on bed of truck, fell, striking forehead on ground.

22. *I certify that I took charge of the remains described above, held an Autopsy (*), Inspection (*) Inquiry (*) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident (*), suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.	Cumberland, Md.	March 31-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April-3-52	Zion Memorial Park	Near Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 2, 1952	Hunter K. Kantz M.D.	J.J. Hafer	230 Balt. Ave Cumberland, Md.

RECEIVED
APR 4. 1952
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

(241?

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Item correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Flintstone; LENGTH OF STAY (In this place) 7 weeks; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Flintstone; STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) Linn (Last) Cauley

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 18-1952

9. AGE Last birthday: 0 yrs. If under 1 year: Months 1, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Cauley

14. MOTHER'S MAIDEN NAME: Norma Grace Saville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Father) George Cauley, Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation due to asperation of stomach contents.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, Inspection* ☐, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident* ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. March 10-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: March 13 1952 | NAME OF CEMETERY OR CREMATORY: Zion Mem. Pk. | LOCATION (City, town, or county) (State): Bedford Rd. Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: March 14, 1952 | REGISTRAR'S SIGNATURE: Nina L. Bender

24. FUNERAL DIRECTOR ADDRESS: J.J. Hafer. 230 Balt. Avenue Cumberland. Md.

RECEIVED
MAR 17 1952
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 6-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02413

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 523 Memorial Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 523 Memorial Avenue

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Vernon (Last) Courtney

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 7, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Crawford, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Courtney

14. MOTHER'S MAIDEN NAME: Nancy Linn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 214-05-5349

17. INFORMANT & ADDRESS: Mrs. H. V. Courtney, 523 Memorial Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebrovascular accident (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

4201 Antecedent cause(s) DUE TO (b) Hypertension.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Coronary artery disease & Arteriosclerosis ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1942 to 3/29, 1952 that I last saw the deceased alive on 10/6, 1951, and that death occurred at 12 30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS 50 Bishop St. DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar. 31, 1952

NAME OF CEMETERY OR CREMATORY Zion Memorial Park

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. March 31, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

RECEIVED
4/4 1952
BUREAU

Item 18 Film G140 4-4-52 ams

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02414

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 546 Pine Avenue

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Ann (Last) Cox

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1952

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child

8. DATE OF BIRTH March 26, 1951

9. AGE last birthday yrs. If under 1 year Months 11 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry F. Cox Jr.

14. MOTHER'S MAIDEN NAME Ida Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Harry F. Cox Jr. 546 Pine Avenue.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis - Unspecified

343X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition, [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1952 to 3/16, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 55 [illegible] DATE SIGNED 3/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March 18, 52

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. March 18, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1952
BUREAU V. S.

Paul Wilson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2413

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lake | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Cromwell Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lake
STREET ADDRESS (If rural, give location) 117 Cromwell Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) DALLAS (Last) COX
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	20 May 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician Foreman	Paper Mill	Harpers Ferry, W. Va.	U.S.

13. FATHER'S NAME: John William Cox
14. MOTHER'S MAIDEN NAME: Sarah Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	If year, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mrs. Mae Cox, Lake, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Disease	3 Years
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Embolus	3 Years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Myocarditis	5 Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 12, 1949, to Mar 5, 1952, that I last saw the deceased alive on Mar. 4, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul D. Wilson	M.D.	Piedmont, W. Va.	March 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7 March 52	Lookout Cemetery	Harpers Ferry, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 6 1952	Margaret C. Kelly	E. S. Boal,	Westernport, Md.

RECEIVED
MAR 10 1982
BUREAU OF LAND MANAGEMENT

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02416

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Arch Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Albert (Last) Cross

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 52

5. SEX

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Arteriosclerotic Cardiovascular Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1952, to March 12, 1952, that I last saw the deceased alive on Mar 8, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Oliver Kelbel Root, M.D. 232 Virginia Ave. Cumb. Md. 3/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Mar 15, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR March 14, 1952

REGISTRAR'S SIGNATURE Winter K. Mantz, M.D.

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
MAR 18 1
BUREAU V. S.

Within corporate limits of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02417

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland.; STREET ADDRESS (If rural give location) 225 Independence St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer	Lloyd	Davis	March	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Divorced	Oct. 14, 1910	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Odd Jobs	Cumberland, Md.	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Davis	Bessie Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	214-05-7695	Gilroy Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cirhosis of Liver	1 yr
581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 3, 1952, to Jan. 27, 1952, that I last saw the deceased alive on Jan. 26, 1952, and that death occurred at 6:00 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M. D.	110 S. Centre St.	Jan. 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 30, 1952	Rose Hill Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 28, 1952	Miles K. Frank, M.D.	John J. Hafer	230 Balt. St. Cumberland, Md.

RECEIVED
APR 2. 1952
BUREAU V. S.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR.R.WILLIAMS

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 53 CRESAP STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) B. (Last) DECKER

4. DATE OF DEATH: (Month) MARCH (Day) 23, (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: AUG. 24, 1891
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SWITCHTENDER
10b. KIND OF BUSINESS OR INDUSTRY: B. & O.R.R.CO.
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILTON DECKER
14. MOTHER'S MAIDEN NAME: ROSETTA STEELE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 705-07-[illegible]
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
DUE TO
472.2
Antecedent cause(s) (b) Chronic Myocarditis — —
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO —
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/[illegible]/52 19....., to 3/23/52, 19....., that I last saw the deceased alive on 3/22/52, 19....., and that death occurred at 6:13 A.m., from the causes and on the date stated above.

SIGNATURE J. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. March 24, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR [illegible] F. [illegible], Cu[illegible] ADDRESS [illegible], Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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RECEIVED
APR 2 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02419

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MINERS HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Blair
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Juniata
STREET ADDRESS (If rural, give location) 709 Third Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Eliza (Last) ENGLISH
4. DATE OF DEATH (Month) MARCH (Day) 9 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 11-26-1869
9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY ✓ HOME
11. BIRTHPLACE (State or foreign country) Juniata, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hance English
14. MOTHER'S MAIDEN NAME Margaret McNiece
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Miss Ruth Engle Wrights Crossing Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage - left	3 weeks
443X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular disease	25 yrs. ??
	(c) Hypertension -	25 yrs. ??

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from ....., 1951, to 3/9, 1952, that I last saw the deceased alive on 3/9, 1952, and that death occurred at 8:12 P.m. E.S.T., from the causes and on the date stated above.

SIGNATURE Martin Rothstein (Degree or title) M.D. ADDRESS 48 Broadway Frostburg Md. DATE SIGNED 3/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-12-52
NAME OF CEMETERY OR CREMATORY Oakridge Cemetery
LOCATION (City, town, or county) Altoona, Pa. (State)
DATE REC'D BY LOCAL REG. 3-10-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR Robert P. Mauk - 719 Fourth Ave., Juniata, Altoona, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 17 19
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02420

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place) 45 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Jackson Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) Fazenbaker

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 6, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (State or foreign country) Westernport
12. CITIZEN OF WHAT COUNTRY? U/S.A.

13. FATHER'S NAME Marcus Fazenbaker
14. MOTHER'S MAIDEN NAME Ellen Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 212 - 12 - 8604
17. INFORMANT AND ADDRESS John Foote Lonaconing, Ld.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 8 Mo?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952, to 3/10, 1952, that I last saw the deceased alive on 3/10, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rev Reeves MD
ADDRESS Westernport Md
DATE SIGNED 3/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 24, 1952
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. 3-24-52
REGISTRAR'S SIGNATURE Jannette M Bool
24. FUNERAL DIRECTOR M. Eichhorn
ADDRESS Lonaconing, Md.

RECEIVED
MAR 31
BUREAU V. S.

Within Corporate Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12421 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 330 Beall St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 330 Beall St.,

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) BEDA (Last) FEIDT

4. DATE OF DEATH: (Month) Mar. (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 30, 1886

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman

10b. KIND OF BUSINESS OR INDUSTRY: Womans Apparel

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William M. Feidt

14. MOTHER'S MAIDEN NAME: Mary Rossworm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-6522

17. INFORMANT & ADDRESS: Mrs. Charles H. Winebrenner Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Cardiac dilatation	24 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)	Myocarditis	4 Yrs.
DUE TO (c)	Chronic Nephritis and Hypertension.	4 Yrs.

593X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ..., 1948., to March 1 ..., 1952, that I last saw the deceased alive on Feb. 26 1952., and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS: 41 Greene St. Cumberland Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/6/52 — NAME OF CEMETERY OR CREMATORY: S. S. Peter & Pauls — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 5, 1952 — REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

VS. 445 8-51

RECEIVED
MAR 11 1952
BUREAU W. S.

Within corporate limit:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 118 Columbia St

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) G. MAURICE FISHER

4. DATE OF DEATH: (Month) (Day) (Year) March 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 21 1879
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O Ry.
10b. KIND OF BUSINESS OR INDUSTRY: Transportation Dept
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel E Fisher
14. MOTHER'S MAIDEN NAME: Permeia Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-05-0191
17. INFORMANT & ADDRESS: Hazel S. Fisher, 118 Columbia St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Left Ventricular Failure	10 min.
420.1 Antecedent cause(s)	DUE TO Left Bundle Branch Block, Coronary Artery	?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) disease, myocardial disease	
(260 x)	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus .. May 1951

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1950, to March 17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE Samuel Jacobson (DEGREE OR TITLE) ADDRESS 50 Pershing St. Cumberland Md DATE SIGNED 3/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 3/20/52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem LOCATION (City, town, or county) (State) Cumberland Maryland

DATE REC'D BY LOCAL REG. March 19, 1952 REGISTRAR'S SIGNATURE Winter R. Lantz M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAR 26 1952
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24234

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 18 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 212 Wallace St.

3. NAME OF DECEASED: (Type or Print) (First) Lucinda (Middle) K. (Last) Fox
4. DATE OF DEATH (Month) March (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 2 1906
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home.
11. BIRTHPLACE (State or foreign country): Williamsport N. Va
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Thaddeus Kent.
14. MOTHER'S MAIDEN NAME: Susan Clifford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Alphonso Fox Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	3 weeks
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Bronchopneumonia	2 week
	DUE TO (c)	Chronic glomerulonephritis	7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from Feb 15, 1952, to Mar 11, 1952, that I last saw the deceased alive on Mar 10, 1952, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Saville G Weisman Mrs 59 Greene St Cumberland Md 3/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 12 52
NAME OF CEMETERY OR CREMATORY Woodlawn Cem
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
March 12, 1952 Winter R Lantz, M.D.
24. FUNERAL DIRECTOR ADDRESS
Louis Stein Inc Cumberland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 18 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02424

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Savage, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage, [illegible]
STREET ADDRESS (If rural, give location) Mt. Savage, Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) F. (Last) Gaughan

4. DATE OF DEATH (Month) Mar. (Day) 13 (Year) 1952

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 215-10-1268
17. INFORMANT AND ADDRESS Mrs. Helen Wambaugh, Mt. [illegible], Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

528.0

Immediate cause (a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYOCARDITIS — Several years

(c) SILICOSIS BOTH LUNGS — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1952, to 3-12, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE William E. Mosley (Degree or title) ADDRESS Mt Savage DATE SIGNED 3/14-1952

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY St. [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. March 15-52
REGISTRAR'S SIGNATURE Vernon McDermott
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible], Md.

RECEIVED
MAR 18 1
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. VAN ORMER

CERTIFICATE OF DEATH

Reg. Dist. No. 21254

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT ✓
STREET ADDRESS (If rural, give location) BOX 34

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) L. (Last) GEORG

4. DATE OF DEATH: (Month) MARCH (Day) 5, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 13, 1915
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tea Viner farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm Mt. Airy Canning Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE F. GEORG
14. MOTHER'S MAIDEN NAME: EMMA E. KAHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-1168
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal obstruction with gangrene — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO
570.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intussusception, cause undet.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis and - 10 years duration

19a. DATE OF OPERATION: 3 mos-52
19b. MAJOR FINDINGS OF OPERATION: Intussusception ascending colon
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 mos., 19....., to 5 mos., 1952, that I last saw the deceased alive on 5 mos., 1952, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. Alfred Van Ormer Cumberland, Md 5 mos 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 8, 1952
NAME OF CEMETERY OR CREMATORY Accident Cemetery
LOCATION (City, town, or county) (State) Accident, Maryland.
DATE REC'D BY LOCAL REG. March 5, 1952
REGISTRAR'S SIGNATURE Walter R. Wantz, M.D.
24. FUNERAL DIRECTOR William Wrinterberg, Grantsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12426 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a house on Main St. Extended.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) John (Last) Grady

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Oct. 22-1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Topham, Maine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grady

14. MOTHER'S MAIDEN NAME: Elizabeth Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-4661

17. INFORMANT AND ADDRESS: son-Chas.S.Grady, Mt.Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion due to — at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland, Md. March 6-1952

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/10/1952
NAME OF CEMETERY OR CREMATORY: St. Patricks
LOCATION (City, town, or county) (State): Mt. Savage Md.

DATE REC'D BY LOCAL REG.: March 7, 1952
REGISTRAR'S SIGNATURE: Mrs Jos C. Kelly
24. FUNERAL DIRECTOR: Harvey H. Zeigler ADDRESS: Hyndman, Pa.

March 10, 1952

RECEIVED
MAR 14 [illegible]
BUREAU V. S.

Within corporate limits

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02427

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): ROUTE #3, BOX 401-A Bedford Rd

3. NAME OF DECEASED: (Type or Print) (First) BABY GIRL (Middle) (Last) GROWDEN

4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: MARCH 20, 1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT GROWDEN

14. MOTHER'S MAIDEN NAME: HILDA WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Robert Growden Rt. 3. Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Developmental Abnormalities — DUE TO

Antecedent cause(s) — Disease or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: Hrs.

7586

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 March 1952 to ——, 19....., that I last saw the deceased alive on 20 March, 1952, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE: Lloyd A. Cannon (DEGREE OR TITLE) ADDRESS: 63 Greene St. Cumberland, Md. DATE SIGNED: 21 March 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-21-52 — NAME OF CEMETERY OR CREMATORY: Zion Memorial Cemetery — LOCATION City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 21, 1952 — REGISTRAR'S SIGNATURE: Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumb. Md.

RECEIVED
MAR 26 1952
BUREAU V. S.

Within corporate limits.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [redacted] of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02428

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Thomas	(Last) Hamilton	4. DATE OF DEATH	(Month) March	(Day) 1	(Year) 1952
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1877	9. AGE last birthday 74 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, own farm	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME George Riley Hamilton	14. MOTHER'S MAIDEN NAME ? Twigg						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Nellie Ruffner, Pittsburgh, Pa.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia, Chronic Nephritis — 2 months

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis, Auricular Fibrillation — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1951, to [illegible], 1952, that I last saw the deceased alive on Feb. 29, 1952 and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B. M. [illegible]	M.D.	41 [illegible]	3/1/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 3, 1952	Mt. Herman Cemetery	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1, 1952	Winter R. Frantz, M.D.	John J. Hafer, Cumberland,	Md.

HAFER Funeral [illegible]

RECEIVED
MAR 11 1942
BUREAU V. S.

Within corporate limits DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 11 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 104 N. MECHANIC ST.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) Lloyd (Last) HARRIS

4. DATE OF DEATH: (Month) MARCH (Day) 15 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: NOV. 15 1899
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Private Homes
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM HARRIS
14. MOTHER'S MAIDEN NAME: SARA LETHIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-3151
17. INFORMANT & ADDRESS: CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia (due to) — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary tuberculosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1952, to Mar 5, 1952, that I last saw the deceased alive on Mar 15, 1952 and that death occurred at 4:22 P.m., from the causes and on the date stated above.

SIGNATURE Saville G. Weisman (DEGREE OR TITLE) ADDRESS 59 Green St DATE SIGNED 3/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Mar 20, 1952 NAME OF CEMETERY OR CREMATORY Popes Cemetery LOCATION (City, town, or county) Ridgeley (State) W. Va

DATE REC'D BY LOCAL REG. March 20, 1952 REGISTRAR'S SIGNATURE Winter R. Hantz M.D. 24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 47 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural, give location) 11 North Waverly Terrace

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Hay

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan.29,1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: House None

11. BIRTHPLACE (State or foreign country): Paw Paw, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Hook

14. MOTHER'S MAIDEN NAME: Bridget Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. John Carroll, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

420.1

DUE TO

Antecedent cause(s) (b) arteriosclerosis — 2 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. appendicitis

19a. DATE OF OPERATION: 2-20-52

19b. MAJOR FINDINGS OF OPERATION: peritonitis, gangrenous appendicitis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-, 1952, to 3-6-, 1952, that I last saw the deceased alive on 3-6-, 1952, and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS 51 [illegible] DATE SIGNED 3-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Mar.10,1952 — NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. March 8, 1952 — REGISTRAR'S SIGNATURE Wester R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) (Last) HEAD

4. DATE OF DEATH: (Month) MARCH (Day) 4, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: 7/2/1896
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED REG.
10b. KIND OF BUSINESS OR INDUSTRY NURSE - Indian Reservation
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES W. HEAD
14. MOTHER'S MAIDEN NAME: MARY V. ENTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma Breast Right with — INTERVAL BETWEEN ONSET AND DEATH: 4 years
170X
Antecedent cause(s) DUE TO (b) extensive metastasis and cachexia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. Breast with lymph node metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Mar. 3, 1952, that I last saw the deceased alive on Mar. 3, 1952, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE Wylie M Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md. DATE SIGNED Mar. 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 7 1952
NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery
LOCATION (City, town, or county) Petersburg, W. Va. (State)

DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR J. Blaine Schaffer, ADDRESS Petersburg, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

Within corporate limit. DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12432

Reg. Dist. No. 4

M

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 45 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. SAVAGE

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) (Last) HESSINGER

4. DATE OF DEATH: (Month) MAR. (Day) 16 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: FEB. 16 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WHILEUM

14. MOTHER'S MAIDEN NAME: MARY ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic nephritis with uremia	3 months
260X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Generalized arteriosclerosis	?
	DUE TO		
	(c)	Diabetes mellitus	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic anemia, Cause undet. ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Ja., 1947, to 16 Mar, 1952, that I last saw the deceased alive on 16 Mar., 1952, and that death occurred at 8.15 A.m., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer (DEGREE OR TITLE) ADDRESS Cumberland, Md DATE SIGNED 16 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/19/52

NAME OF CEMETERY OR CREMATORY Lutheran Cem.

LOCATION (City, town, or county) Wellersburg (State) Pa.

DATE REC'D BY LOCAL REG. March 18, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

T

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(12433) 9

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Frostburg
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 56 Frost Avenue

3. NAME OF DECEASED: (Type or Print) (First) EMERY (Middle) G. (Last) HITCHINS

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 27, 1872

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired merchant

10b. KIND OF BUSINESS OR INDUSTRY: Dept. store

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam E. Hitchins

14. MOTHER'S MAIDEN NAME: Martha Haflin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Alice Frey, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension	several years
	(c) DUE TO	

4454

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19..., to Mar 7, 1952, that I last saw the deceased alive on Mar 9, 1952 and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE: W Mc Lane (DEGREE OR TITLE) MD ADDRESS: Frostburg Md DATE SIGNED: Mar 10 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 10-52	F'bg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REG.: 3-10-52

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

RECEIVED
MAR 12 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

STREET ADDRESS (If rural, give location) 66 W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) A. (Last) HITCHINS

4. DATE OF DEATH: (Month) (Day) (Year) March 26, 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 26, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. R. Percy

14. MOTHER'S MAIDEN NAME: Anna E. Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Elisabeth Hitchins, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma Left Breast — INTERVAL BETWEEN ONSET AND DEATH: 13 mo

170X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while ~~at work~~ ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1951, to Mar 26, 1952, that I last saw the deceased alive on Mar 25, 1952 and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE W O McLane MD (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED Mar 28 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar. 29 '52

NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 3-29-52

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
APR 2 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12135 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 9/12/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 506 Warren Street

3. NAME OF DECEASED: (Type or Print) (First) Athan (Middle) Allen (Last) Hoover

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 29, 1875

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Schmidt Baking Co

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-5439

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis - Failure — Interval between onset and death: 12 yrs.

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic arthritis. — ?

DUE TO (c) Secondary anemia, — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 26 1952, that I last saw the deceased alive on Mar. 26, 1952 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. McLean, M.D. ADDRESS 49 Greene St. DATE SIGNED 3-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar 29 1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. 3-28-52

REGISTRAR'S SIGNATURE Hunter R. Dantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

RECEIVED
APR 2 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 021364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland. — LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 715 Pear St.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) E. (Last) Yoder.

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Unknown 1888	63 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sugar Grove, W. Va	U. S. A.

13. FATHER'S NAME: George Hoover

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Roy J. Mantz Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pyonephritis — DUE TO
600.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 27 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 9 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Feb 26, 1952 to Mar 23 1952, that I last saw the deceased alive on Mar 23, 1952, and that death occurred at 10.40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. J. Thomas M. D. ADDRESS Cumberland, Md DATE SIGNED 3-23-52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	3/26/52	Lofford Cemetery	Pendleton County	W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 25, 1952	Winter K. Kantz, M.D.	Lorin Stine	Cumberland Md.

VS. A15 8-51

RECEIVED
APR 2
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 121374

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 519 Pearre Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) L. (Last) Johnson

4. DATE OF DEATH: (Month) Mar (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Divorced

8. DATE OF BIRTH: April 17 188[illegible]

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bramble

14. MOTHER'S MAIDEN NAME: Eliza Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Wm B Isles, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arteriosclerosis	2 years
	DUE TO (c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 19 52, to March 31 19 52, that I last saw the deceased alive on March 30 19 52, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

L. F. Johnson M.D. Cumberland Md 4-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Apr 3 52

NAME OF CEMETERY OR CREMATORY Fairview Memorial

LOCATION (City, town, or county) (State) Rural Cumberland Md

DATE REC'D BY LOCAL REG. April 2, 1952

REGISTRAR'S SIGNATURE Walter K. Hartz M.D.

FUNERAL DIRECTOR ADDRESS Louis Stein Inc Cumberland

RECEIVED
APR 4 1972
BUREAU

Within [illegible] DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02438

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural (If rural, give location)
STREET ADDRESS ROUTE # 2

3. NAME OF DECEASED: (Type or Print) (First) JASPER (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 21 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: Aug 14-1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN JOHNSON
14. MOTHER'S MAIDEN NAME: ELMIRA TWIGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.
422.2
DUE TO
Antecedent cause(s) (b) Myocarditis — 2 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1952, to Mar 21, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE Clay R. Durrett (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 23, 1952
NAME OF CEMETERY OR CREMATORY Old Christie Cemetery
LOCATION (City, town, or county) Near Cumberland (State) Md

DATE REC'D BY LOCAL REG. March 23, 1952
REGISTRAR'S SIGNATURE Winter R. Frank, M.D.
24. FUNERAL DIRECTOR J.J. Hafer. 230 Balt. Ave. Cumberland - Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU N. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12434

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 29 N. Lee St.,

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) PATRICK (Last) JONES

4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 15, 1886
9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired pipe ftr.
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy.
11. BIRTHPLACE (State or foreign country): Fort Supply, Okla.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William J. Jones
14. MOTHER'S MAIDEN NAME: Mary Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-05-4536
17. INFORMANT & ADDRESS: Mrs. Helene Jones Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial failure	3 months
443x Antecedent cause(s)	DUE TO (b)	Hypertensive heart disease	8 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Generalized visceral failure	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to March 20 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: James P. Haccinard MD (DEGREE OR TITLE) ADDRESS: 300 Decatur St., Cumberland, Md. DATE SIGNED: March 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/22/52
NAME OF CEMETERY OR CREMATORY: S. S. Peter & Paul
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 21, 1952
REGISTRAR'S SIGNATURE: Winter K. Lantz, M.D.
24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU W. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02440

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 4 Altamont Terrace

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Frances (Last) Katsanis
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 15, 1901
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home Extra waitress @ Confectionery
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel T. Mears
14. MOTHER'S MAIDEN NAME Martha Reese
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-14-4570
17. INFORMANT Paul K. Katsanis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	10 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1952, to 3/7, 1952, that I last saw the deceased alive on 3/7, 1952, and that death occurred at 4:00 p m., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Lord, M.D. (Degree or title) ADDRESS 202 Va. Ave., Cumberland, Md. DATE SIGNED 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 10, 1952
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REG. March 8, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumb., Md.

RECEIVED
MAR 11 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2441

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Land; LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location) [illegible] Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Martin L. (Middle) Keller (Last)				4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19	
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH July 21, 1867	9. AGE last birthday 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Franklin County Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Keller			14. MOTHER'S MAIDEN NAME Sophie Speelman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Jacob Keller Potomac St.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac decompensation	24 hrs
420d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mesenteric Thrombosis	24 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1952, to 3/19, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George M Simon	M-D	Cumberland Md	3/21/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	LOCATION (City, town, or county) (State) Chambersburg, Pa.
DATE REC'D BY LOCAL REG. March 21, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62142 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 70 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 513 Furnace Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 513 Furnace Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Klitsch

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 11 1859
9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Mardorf, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Wiegand
14. MOTHER'S MAIDEN NAME: Catherine Hannel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Anna Klitsch, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
481X
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility (Cerebral arteriosclerosis)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952, to March 13 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

SIGNATURE: Sarelle G. Weisman (DEGREE OR TITLE) MD — ADDRESS: 59 Greene St Cumberland — DATE SIGNED: 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar 15 1952
NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 15, 1952
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 8-51

RECEIVED
MAR 18 1952
BUREAU V. S

Kights —

Within corporate limits

DR MIRKIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2143 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland

LENGTH OF STAY (in this place) 11 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Route~~ Cumberland, Rural

STREET ADDRESS (If rural, give location) Williams Road, Rt #4

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) (Last) KNIPPENBERG

4. DATE OF DEATH (Month) MARCH (Day) 1, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 30, 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
General Farming	Own Farm	WEST VIRGINIA, Greensprings	U.S.A.

13. FATHER'S NAME: HENRY KNIPPENBERG

14. MOTHER'S MAIDEN NAME: ~~Lutisha~~ LETITIA LOGSDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Embolism massive	few days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Perforated appendix & abscess	11 d.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
	Perforated appendix & retrocecal abscess	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/19, 1952, to 2/29, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

American M.D. Cumberland Md 3-3-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 4, 1952	Mt. Herman Cem	New Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 4, 1952	Walter R. Frank, M.D.	John J. Hofer, Cumberland, Md

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

Within corporate limits

DR. SCHINDLER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02444

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT ASHBY
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LEONORA (Middle) M. (Last) LARSEN

4. DATE OF DEATH: (Month) MARCH (Day) 23, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 18, 1894
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES SHEEHAN
14. MOTHER'S MAIDEN NAME: MARY J. McKENZIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ~~no~~ or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertension C.V. Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1952 to March 23, 1952 that I last saw the deceased alive on March 22, 1952, and that death occurred at 12:40A m., from the causes and on the date stated above.

SIGNATURE B. M. Schindler (DEGREE OR TITLE) MD ADDRESS 41 Everett Cumberland DATE SIGNED 3/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-25-1952
NAME OF CEMETERY OR CREMATORY Fort Ashby Cem.
LOCATION (City, town, or county) (State) Fort Ashby, W. Va.

DATE REC'D BY LOCAL REG. March 25, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 1952
BUREAU U. S.

Within corporate limits

DR. [illegible] ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62445

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 15 HRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

STREET ADDRESS (If rural, give location) WINDSOR HOTEL 154 BALTIMORE ST.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) R. (Last) LAXAS

4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 1, 1872

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Richard Diamond Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial failure	5 days
420.1 Antecedent cause(s)	DUE TO (b)	Coronary sclerosis	5 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1952, to Feb. 27, 1952, that I last saw the deceased alive on Feb. 27, 1952, and that death occurred at 10:25 A.M. from the causes and on the date stated above.

SIGNATURE Arthur F. Jones (DEGREE OR TITLE) M. D. ADDRESS Cumberland, Md DATE SIGNED 3-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-4-1952

NAME OF CEMETERY OR CREMATORY Allegany Co. Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 3, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M. D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU W. S.

DR. TOPPER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 321464

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 7 HRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE PENNSYLVANIA — COUNTY BEDFORD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYNDMAN

STREET ADDRESS (If rural, give location): Londonderry Township

3. NAME OF DECEASED: (Type or Print) (First) LARRY (Middle) ALLEN (Last) LOGSDON

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	Single	Oct. 13, 1949	2 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
	Infant	Cumberland, Md.	USA

13. FATHER'S NAME: GERALD FREDERICK LOGSDON

14. MOTHER'S MAIDEN NAME: JEAN DORIS ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Gerald Logsdon, Hyndman, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute entero-colitis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Virus pneumonia	7 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10/52, 19..., to 3/10/52, 19..., that I last saw the deceased alive on 3/10/52, 19..., and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE: John A Topper — (DEGREE OR TITLE) MD — ADDRESS — DATE SIGNED: 3/12/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 13, 1952	Cooks Mills Cemetery	Hyndman, Pa. RD 1

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 12, 1952	Dexter R. Frantz, M.D.	Kyle Brewer Kyle	Hyndman, Pa.

RECEIVED
MAR 18 1952
BUREAU W. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2147

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 N.Chase St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 112 N.Chase St.

3. NAME OF DECEASED (Type or Print) (First) Franklin (Middle) Seibert (Last) Madden
4. DATE OF DEATH (Month) March (Day) 23 (Year) 1952
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH April 12-1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Geatz Cafe
11. BIRTHPLACE (State or foreign country) Harrisonburg, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-22-5165
17. INFORMANT AND ADDRESS Norman Geatz, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED March 24-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/25/52
NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 25, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
APR 2 1952
BUREAU V. S.

Dr P R Wilson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02448

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport — LENGTH OF STAY (in this place) 54 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Philos Avenue	STREET ADDRESS (If rural, give location) 203 Philos Avenue

3. NAME OF DECEASED (Type or Print)	(First) MAUDE	(Middle) ALLEDA	(Last) MARTIN	4. DATE OF DEATH	(Month) March (Day) 25 (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1 Sept 1897	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Westernport, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Camby Duckworth		14. MOTHER'S MAIDEN NAME Rebecca Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) - - -	16. SOCIAL SECURITY NO. - None	17. INFORMANT AND ADDRESS Ernest Martin			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 Days
Antecedent cause(s)	(b) Chronic Myocarditis and Myocardial Degeneration Not specified as Rheumatic	2 Days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Nephritis	1 Year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

57

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1952, to March 25, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul R Wilson	MD.	Piedmont, W.Va.	26 Mar.1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 28 March 52	NAME OF CEMETERY OR CREMATORY Philos Cemetery	LOCATION (City, town, or county) (State) Westernport, Maryland
DATE REC'D BY LOCAL REG. Mar 28, 1952	REGISTRAR'S SIGNATURE Mrs Jean C. Kelly	24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 31
BUREAU V. S.

Within corporate limits:

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 222 Wallace St.

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Ann (Last) Mathews

4. DATE OF DEATH: (Month) (Day) (Year) March 17 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct 12 1850
9. AGE last birthday: 101 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hancock Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Bogus
14. MOTHER'S MAIDEN NAME: Eliza Ann —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Thomas Mathews, 222 Wallace St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

434.3

DUE TO

Antecedent cause(s) (b) Senility — 15 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Mar. 17, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE Arthur F. Jones M.D. (DEGREE OR TITLE) ADDRESS 110 S. Centre St. DATE SIGNED Mar. 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/19/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cem
LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. March 18, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2501

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A16

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Taylor St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 30 Taylor St

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) (Last) McAteer
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child
8. DATE OF BIRTH: June 23 - 1945
9. AGE last birthday: 6 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmett McAteer
14. MOTHER'S MAIDEN NAME: Grace M. McGarvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Emmett McAteer 30 Taylor St Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Endocarditis — Interval between onset and death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1951 to Mar 18, 1952, that I last saw the deceased alive on Mar 18, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W O McKane M.D. ADDRESS: Frostburg Md DATE SIGNED: Mar 19 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-21-1952
NAME OF CEMETERY OR CREMATORY: St. Mark's Cem.
LOCATION (City, town, or county) (State): Frostburg, Md

DATE REC'D BY LOCAL REG. 3-21-52
REGISTRAR'S SIGNATURE: Mrs Doucy N. Roe
24. FUNERAL DIRECTOR: Jacob Hafer ADDRESS: Frostburg Md

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
LENGTH OF STAY (in this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
STREET ADDRESS (If rural, give location) Church Hill

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) B (Last) McDERMOTT

4. DATE OF DEATH: (Month) MARCH (Day) 29 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 6-22-1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Mc Dermitt
14. MOTHER'S MAIDEN NAME: Catherine O'Brian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Veronica McDermitt, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 da.

420.0 Antecedent cause(s) DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Generalized Rheumatoid arthritis - advanced

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized visceral failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1948, to Mar. 29, 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE James P. Hallinan MD (DEGREE OR TITLE) ADDRESS 200 Decatur St Cumberland Md DATE SIGNED 3-29-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-31-1952
NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery
LOCATION (City, town, or county) (State) Mt. Savage, Md.

DATE REC'D BY LOCAL REG. 3/30/52
REGISTRAR'S SIGNATURE Veronica McDermitt
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS/A15 8-51

RECEIVED
APR 2 1952
BUREAU V. S.

Within corporate limits

DR. W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12451

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 612 NORTH CENTRE

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) (Last) McGILL

4. DATE OF DEATH (Month) MARCH (Day) 27 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED

8. DATE OF BIRTH: 4/14 1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home Home

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTHONY EIRTLE

14. MOTHER'S MAIDEN NAME: MOLLIE DONAHUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: CUMBERLAND, MD. Harry E. Nesbit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio — INTERVAL BETWEEN ONSET AND DEATH

442X

Antecedent cause(s) DUE TO (b) Vascular Renal Disease — Over 3 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.25 1948, to 3.27 1952, that I last saw the deceased alive on 3.27, 1952, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE W. F. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3.28.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Mar 29 1952 NAME OF CEMETERY OR CREMATORY Jefferson Memorial Park LOCATION (City, town, or county) Pittsburgh, Pa. (State)

DATE REC'D BY LOCAL REG. 3-28-52 REGISTRAR'S SIGNATURE Winton R. Trantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (25)

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Frostburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 Fairview St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 18 Fairview St.

3. NAME OF DECEASED: (Type or Print) (First) CLARABELLE (Middle) (Last) McKENZIE

4. DATE OF DEATH: (Month) (Day) (Year) March 20, 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 14, 1897

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Skidmore

14. MOTHER'S MAIDEN NAME: Mary Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Naomi Bevan, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	16 hrs.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Malignant hypertension.	3 years.
	DUE TO (c) Cardiac hypertrophy.	3 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1949, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE H. C. Diehl (DEGREE OR TITLE) M. D. ADDRESS Frostburg, Md DATE SIGNED 3/21/52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-52	F'burg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REG. 3-22-52 — REGISTRAR'S SIGNATURE Mrs Nancy N. Poe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

RECEIVED
MAR 24 1952
BUREAU M. S.

DR. ~~PAW~~

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 60 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR near CUMBERLAND, Rural
STREET ADDRESS (If rural, give location) ROUTE # 5

3. NAME OF DECEASED: (First) SUSTE (Middle) G. (Last) McKENZIE
4. DATE OF DEATH: (Month) MARCH (Day) 15, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOW	Oct. 14 1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Own Home	Winchester, Va.	U.S.A.

13. FATHER'S NAME: JAMES BENN
14. MOTHER'S MAIDEN NAME: HARRIETT DAWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	None	MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Toxic Nodular Thyroid	Yrs
450.0	(c) DUE TO Osteoporosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 19 52 to March 15, 19 52, that I last saw the deceased alive on March 14, 19 52, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. Miller M.D. 1 E. Main St Cumberland Md. 3/16/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-17-1952	Mennonite Cem.	Pinto, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 17, 1952	Winter R. Lantz, M.D.	Charles L. George	Cumberland, Md.

RECEIVED
MAR 26 1952
BUREAU W. S.

Within corporate limits: Yes

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 730 Greene St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 730 Greene St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Adam (Last) Meyers

4. DATE OF DEATH: (Month) Mar. (Day) 26, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-25-1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis X. Meyers

14. MOTHER'S MAIDEN NAME: Mary C. Breitting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-1438

17. INFORMANT & ADDRESS: Francis A. Meyers Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

450.0 Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1952 to 3/26, 1952, that I last saw the deceased alive on 3/26, 1952 and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John H. Rogers M.D. Cumberland Md 3/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-29-1952

NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 8, 1952

REGISTRAR'S SIGNATURE: Walter K. Hanly, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

RECEIVED
APR 2. 1952
BUREAU V. S.

Dr Daugherty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0215 4

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEYSER
STREET ADDRESS (If rural, give location) ROUTE # 3

3. NAME OF DECEASED: (First) BENJAMIN (Middle) C. (Last) MORELAND

4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 2 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer NONE

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bazil LETEN MORELAND

14. MOTHER'S MAIDEN NAME: RHODA WHITACER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Laryngeal carcinoma — DUE TO — Interval between onset and death: 8 months

161 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility - Arterio Sclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1952, to Mar 20, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 4:10 P.M. from the causes and on the date stated above.

SIGNATURE Lester E Daugherty (DEGREE OR TITLE) MD ADDRESS Cumberland DATE SIGNED Md 3-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-23-1952

NAME OF CEMETERY OR CREMATORY Levels Cem.

LOCATION (City, town, or county) (State) Levels, W. Va.

DATE REC'D BY LOCAL REG. March 23, 1952

REGISTRAR'S SIGNATURE Wesley K. Wantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 1952
BUREAU V. S.

Within corporate limits

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

2456

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 848 CAMDEN AVE.,

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) T. (Last) MURRILL
4. DATE OF DEATH (Month) MAR. (Day) 29 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH NOV. 1 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Dept of Commerce
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME ELLIOTT R. BOSTON
14. MOTHER'S MAIDEN NAME ELLA C. WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-14-4297
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	1 wk?
4' / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Embolism (saddle)	1 wk?
	(c) Coronary Artery Disease	? ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Pathology (not determined)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1952, to 3/29, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 2:00 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Steven Jacobson ADDRESS 50 Rusby Av DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 31 52
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. March 31, 1952
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALL

RECEIVED
APR 3 1952
BUREAU U. S.

Within Corporate Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 158½ Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Agnes (Last) Myers

4. DATE OF DEATH: (Month) Mar. (Day) 8, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-20-1879

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Teasdale

14. MOTHER'S MAIDEN NAME: Sarah Skidmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wm. Myers Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lymphatic Leukemia — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 months

204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 19 52, to 3-8- 19 52, that I last saw the deceased alive on 3-8- 19 52 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J. T. Johnson (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED 3-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-11-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. March 14, 1952 — REGISTRAR'S SIGNATURE: Wister K. Mantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

RECEIVED
MAR 18 1952
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02458

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near [illegible], Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD#3-Bowman's Addition

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near [illegible], Rural
STREET ADDRESS (If rural, give location) RFD#3-Bowman's Addition

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) J. (Last) [illegible]
4. DATE OF DEATH (Month) Mar. (Day) (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 20, 1903
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Alleg. County
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME Celia [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Branson Nelson-Bowman's Addition

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — Obesity —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/19/52, 19....., to 3/22/52, 19....., that I last saw the deceased alive on 3/22/52, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. Williams (Degree or title) MD, ADDRESS Cumberland Md DATE SIGNED 3/24/52

23. BURIAL CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. March 24, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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3

RECEIVED
APR 2 1952
BUREAU U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02459 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2/28/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) O'Haver

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: 8/5/1868
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, retired
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin O'Haver
14. MOTHER'S MAIDEN NAME: Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, giva war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Allegany County Infirmary Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Myocarditis	?
421.1 Antecedent cause(s)	DUE TO (b)	Aortic Regurgitation	?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Generalized anasarca	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to Mar. 31, 1952, that I last saw the deceased alive on Mar. 31, 1952, and that death occurred at 7.40 p.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (DEGREE OR TITLE) ADDRESS 49 Greene St Cumberland DATE SIGNED 4-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 3, 1952
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Maryland
DATE REC'D BY LOCAL REG. April 2, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415 8-51

RECEIVED
APR 4 1952
BUREAU U. S.

Write in ink. Do not type.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 60 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Rachael (Middle) (Last) O'Haver

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/7/1870

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bridgeport, West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Silas Starkey

14. MOTHER'S MAIDEN NAME: Eliza Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	?
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Aortic Regurgitation	?
DUE TO		
	(c) Hemiplegia.	

4241

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis ?

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to Mar. 28, 1952, that I last saw the deceased alive on Mar. 28, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE: James E. McGeath M.D. — (DEGREE OR TITLE) — ADDRESS: 44 Greene St. — DATE SIGNED: Mar. 29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** March 31, 1952 — **NAME OF CEMETERY OR CREMATORY:** Philos Cemetery — **LOCATION** (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: March 31, 1952 — **REGISTRAR'S SIGNATURE:** Winter K. Wantz, M.D. — **24. FUNERAL DIRECTOR** — **ADDRESS:** E. S. Boal, Westernport, Maryland

VS/A15 8-51

RECEIVED
APR 4 1952
BUREAU V. S.

Within corporate limits DR. W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 81614

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.VA. COUNTY HAMPSHIRE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 1 DAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location) ROUTE # 3

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) Wesley (Last) PALMER

4. DATE OF DEATH: (Month) MARCH (Day) 11, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	SEPT. 18, 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer ORCHARD	ROMNEY ORCHARD INC.	VIRGINIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
FRANKLIN PALMER	MARY FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		235-30-0484	MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchogenic — INTERVAL BETWEEN ONSET AND DEATH ?

162X DUE TO

Antecedent cause(s) (b) Carcinoma

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.11., 1952, to 3.11., 1952 that I last saw the deceased alive on 3.11., 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE W. F. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3-12-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 14 1952	Ebenezer Cemetery	Romney, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 13, 1952	Winter R. Hantz, M.D.	Merle Combs, Romney,	W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2569

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 AN5 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

STREET ADDRESS (If rural, give location) Wrights Crossing

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) PATTERSON

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 5-9-1864

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Patterson

14. MOTHER'S MAIDEN NAME: Charlotte Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Wrights Crossing Mrs James Taylor, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Nephritis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterial Sclerosis — DUE TO — several years

(c)

4500

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20 1950 to Mar 29, 1952, that I last saw the deceased alive on Mar 29, 1952 and that death occurred at 9:25 P.M., from the causes and on the date stated above.

SIGNATURE Wm Lane MD (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED Mar 31 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-1-1952

NAME OF CEMETERY OR CREMATORY F'burg. Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 4-1-52

REGISTRAR'S SIGNATURE Mrs Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

RECEIVED
APR 7 1971
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

J. H. Walmitas.

Reg. Dist. No. 2463 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport — LENGTH OF STAY (in this place) 22 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Westernport~~ 439 Walnut St.	STREET ADDRESS (If rural, give location) ~~Westernport~~ 439 Walnut St.

3. NAME OF DECEASED (Type or Print)	(First) REBECCA	(Middle) ANN	(Last) PAUGH	4. DATE OF DEATH	(Month) March (Day) 5, (Year) 52 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 3 Jan 1871	9. AGE last birthday 81 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Oakland, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Hermann		14. MOTHER'S MAIDEN NAME Agnes Coglan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) ----	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs, George Shrout, Westernport, Md		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Mrs Cardiac Sequestration	6 no
422.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to March 5, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 7 am m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H. McLaughlin	M.D.	Piedmont W.R.	3/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3 March 52	NAME OF CEMETERY OR CREMATORY Philos Cemetery	LOCATION (City, town, or county) (State) Westernport, Maryland
DATE REC'D BY LOCAL REG. Mar 6, 1952	REGISTRAR'S SIGNATURE Mrs Jean C. Kelly	24. FUNERAL DIRECTOR E. S. Boal	ADDRESS 111 Church St, Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2264

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 55 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 510 Woodside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 510 Woodside Ave

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Porter

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 25 1868
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Preston County West Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George P Fint
14. MOTHER'S MAIDEN NAME: Jane Lipscomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs John Merrbach, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 7 years
260X
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1952, to 3/4, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE Rich Trenackis, Sr (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md DATE SIGNED 3/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 7 1952
NAME OF CEMETERY OR CREMATORY Glendale Cemetery
LOCATION (City, town, or county) (State) Flintstone, Allegany, Md.
DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU OF S

Item 8 F 1mG140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

02465

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gunter Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): Gunter Hotel

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Quinn

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: Sept-14-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor, Celanese Corp. of Am.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nichol Quinn

14. MOTHER'S MAIDEN NAME: Marion Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-3297

17. INFORMANT AND ADDRESS: Mrs. Thomas Burl, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — about 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Miners asthma — several years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. March 11-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 14, 1952
NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park
LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REG. 3-14-52
REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR ADDRESS: M. Eichhorn Lonaconing Md.

RECEIVED
MAR 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (If this place) 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital	STREET ADDRESS (If rural, give location) 69 Bowery

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) William Rafferty

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	8.19[illegible] 1909	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Celanese Employee	Celanese	Frostburg, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Rafferty	Anastasia Scally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	220 10 2136	Mrs. William Rafferty, Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric Ulcers — 2 years

540.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 ..., to Mar 3, 1952, that I last saw the deceased alive on Mar 3, 1952 and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE W. O. McLane (Degree or title) MD — ADDRESS Frostburg Md — DATE SIGNED 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 6, 1952	St. Michaels Cemetery	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-52	Mrs. Nancy H. Roe	Harvey H. Leigler	Hyndman, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1952
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02464

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Pulaski St.,	STREET ADDRESS (If rural, give location) 315 Pulaski St.,

3. NAME OF DECEASED: (Type or Print) (First) MATTHEW (Middle) FRANCIS (Last) RAHRIG

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Dec. 4, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Brewery Wkr.	Cumb. Brewery	Cumberland, Md.	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Valentine Rahrig	Anna Knaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Thomas O. Rahrig Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

450 J

Antecedent cause(s) DUE TO (b) Arteriosclerosis (generalized)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1952, to 3/30, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE John K Rozman M.D. (DEGREE OR TITLE) ADDRESS 305 Decatur St. Cumberland Md. DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/52	S. S. Peter & Paul	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 1, 1952	Winter L. Frantz M.D.	Charles L. George	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 4 1957
BUREAU

Within corporate limits

DR. RICHARD WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 6 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
STREET ADDRESS (If rural, give location) 218 PENN. AVE.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) EARL (Last) RICE

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1/11/1914
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Balt. & Ohio R.R.
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY W. RICE
14. MOTHER'S MAIDEN NAME: BERTHA KEARCHNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 214-07-5901
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 1 month

572 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Nephritis — 5 yrs

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/15/52, 19....., to 3/25/52, 19....., that I last saw the deceased alive on 3/25/52, 19....., and that death occurred at 4:55p m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] M.D. Cumberland 3/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar. 28, 52
NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 28, 1952
REGISTRAR'S SIGNATURE: Winter R. Frantz M.D.
24. FUNERAL DIRECTOR ADDRESS: J. J. Hafer - 230 Balti. Ave Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 1952
BUREAU V. S.

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 10 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELLERSLIE

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) MARY (First) E. (Middle) RICHARDSON (Last)

4. DATE OF DEATH: (Month) MAR. (Day) 13 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 13 1858

9. AGE last birthday: 93 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home Work House

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Sistersville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: PATRICK DENNIGAN

14. MOTHER'S MAIDEN NAME: JANE MELIUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Fracture, hip, left (neck of femur) — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Senility — Bronchial-pneumonia — DUE TO

(c)

904.0

INTERVAL BETWEEN ONSET AND DEATH: 12 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile odema - relative change

19a. DATE OF OPERATION: Mar. 3. 1952

19b. MAJOR FINDINGS OF OPERATION: Reduction fract. hip, left

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): State Line — (COUNTY) — (STATE): Pa.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fall in home

22. I hereby certify that I attended the deceased from Mar. 3, 1952, to Mar 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wylie M. Faw Jr. M.D. Cumberland Md Mar 13 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar 17 1952

NAME OF CEMETERY OR CREMATORY: Sugar Grove Cemetery

LOCATION (City, town, or county) (State): Sugar Grove, Penna Warren County

DATE REC'D BY LOCAL REG.: March 15, 1952

REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAR 18
BUREAU V. S.

02470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Paw Paw, West Virginia LENGTH OF STAY (in this place) 91 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Paw Paw, W. Va.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1.	STREET ADDRESS (If rural give location) Route 1,

3. NAME OF DECEASED (Type or Print) (First) Emaline (Middle) (Last) Robinson			4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1952		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Mar 6 1860	9. AGE last birthday 91 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House	10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Allegany County, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William McCulley			14. MOTHER'S MAIDEN NAME Sarah (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None		17. INFORMANT Mrs. W. E. Troup Hagerstown, Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inna Gaucae Lemon Gray	60 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	20 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from ....., 19..., to 3-1-52, 19..., that I last saw the deceased alive on 3-1-52, 19..., and that death occurred at 10 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. S. Armstrong M. D. Paw Paw W. Va. 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar 6 1952	NAME OF CEMETERY OR CREMATORY Davis Memorial Cemetery	LOCATION (City, town, or county) (State) Cumberland, Maryland.
DATE REC'D BY LOCAL REG. March 6, 1952	REGISTRAR'S SIGNATURE Mrs. Sue C. [illegible] 3/7/52	24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13171 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 5 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 30 Mechanic

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Laura Elmeda Robeson

4. DATE OF DEATH: (Month) (Day) (Year) 3 1 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 21-1879
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Garrett Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Robeson
14. MOTHER'S MAIDEN NAME: Caroline Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 255 Welsh Hill Mrs. Della Lancaster Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Rt Breast	6 mo
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Mar 1, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 11:05 P m., from the causes and on the date stated above.

SIGNATURE Wm Lane MD (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED 3-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-4-1952
NAME OF CEMETERY OR CREMATORY Blocher Cemetery
LOCATION (City, town, or county) Garrett Co. (State) Md.

DATE REC'D BY LOCAL REG. 3-4-52
REGISTRAR'S SIGNATURE Mrs Nancy N. Roe
24. FUNERAL DIRECTOR Jacob Harper ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 S-51

RECEIVED
MAR 10 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 124724

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURLINGTON.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) B. (Last) ROGERS

4. DATE OF DEATH: (Month) MAR. (Day) 6 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: DEC. 2, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): W.VA. Hampshire County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CALVIN ~~RODGERS~~ Rogers
14. MOTHER'S MAIDEN NAME: ELIZABETH LEATHERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITALCUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio — INTERVAL BETWEEN ONSET AND DEATH
442X
DUE TO
Antecedent cause(s) (b) Vascular Renal Disease — Unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.30, 1952, to 3-6-1952, that I last saw the deceased alive on 3-6-1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Wm. F. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 9, 1952
NAME OF CEMETERY OR CREMATORY Beaver Run Cemetery
LOCATION (City, town, or county) Beaver Run, West Virginia (State)
DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR N. L. Rogers, Keyser, West Virginia ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02473

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland
LENGTH OF STAY (In this place): 50Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Railroad, St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland
STREET ADDRESS (If rural, give location): Railroad, Street.

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) (Last) Rogish

4. DATE OF DEATH: (Month) March 12. (Day) (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RetireCoal Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lithuanin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None 185-05-0306

17. INFORMANT: John Rogish (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular Fibrillation — Interval Between Onset and Death: ??

427.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Myocarditis — ??

(c) Arteio Sclerosis — ??

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1952, to Mar 12, 1952, that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W O M.C Lane MD Frostburg Md Mar 13 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 15. 1952

NAME OF CEMETERY OR CREMATORY: St. Micheal Cemetery

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 3/15/52

REGISTRAR'S SIGNATURE: Jannette M Poal

24. FUNERAL DIRECTOR: M. Eichhorn

ADDRESS: Lonaconing, Md.

RECEIVED
MAR 21 1952
BUREAU U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2474 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 314 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Atlanta (Middle) Josephine (Last) Schultz

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: February 26, 189[illegible]

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Hyndman - Penn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James M. Rausch

14. MOTHER'S MAIDEN NAME: Mattie DeVore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Paul J. Schultz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Carcinoma Breast	3 years
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized carcinomatosis	5 months
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to 3/1, 19....., that I last saw the deceased alive on 3/1, 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Dewey Brown M.D. Cumberland Md — 3/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 13, 1952 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: March 13, 1952 — REGISTRAR'S SIGNATURE: Winter R. Wantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: J. J. Hafer — 230 Balt. Ave. Cumberland, Md.

VS. A15 8-51

RECEIVED
MAR 18 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02175 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 226 Paca St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 226 Paca St.,

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ASHBY (Last) SIMMONS

4. DATE OF DEATH: (Month) Mar. (Day) 13, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept. 12, 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Tire duster	Kelly Tire Co.	Highland Co. Va.	U. S.

13. FATHER'S NAME: Martin Simmons

14. MOTHER'S MAIDEN NAME: Rose Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	219-03-8355	Mrs. Myrtle Simmons Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial [illegible]	
445X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis — C	
	DUE TO (c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1950, to 3/13, 1952, that I last saw the deceased alive on 3/13, 1952, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R. B. Clarkson M.D. 49 Decatur St Cumberland Md

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
Burial	3/16/52	Odd Fellows Cem.	Elk Garden, W. Va.	3/14/52

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 15, 1952	Winter R. Frantz, M.D.	H. Wayne George	Cumberland, Md.

RECEIVED
MAR 18 1952
BUREAU V. S.

Dr. Louis Briggs

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12476 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near [redacted] Cumberland, Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road - Cumberland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near [redacted] Cumberland, Rural

STREET ADDRESS (If rural, give location) Valley Rd. R.F.D. 3. Cumberland

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Elizabeth		Slider	March 30 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 22 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Martin Martin	Margaret Schilling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	None	Mrs. Charles Roy. Valley Rd. Cumb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of the liver	3 months
15 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cancer of the Stomach	4 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 19 52, to March 30, 19 52, that I last saw the deceased alive on 3-30, 19 52, and that death occurred at 2:06 P m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS 57 Queen St. DATE SIGNED April 2 - 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 2 1952	Ijod Mem. Park	Cumberland. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 2, 1952	Winter K. Hantz, M.D.	I.J. Hafer.	230 Balt. Ave. Cumberland Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 4 1952
BUREAU M. M.

Within corporate limits

DR. W.F.WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52-17

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 10 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORTAL HOSPTTAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING,

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LACY (Middle) E. (Last) STEELE

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JAN. 27, 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND, Wilton

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WESLEY M. DURST

14. MOTHER'S MAIDEN NAME: SARAH LAUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORTAL HOSPTTAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolus DUE TO	15 min.
171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes Mellitus DUE TO	
240X	(c) Carcinoma of Cervix	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.7.52, to 3.17.52, that I last saw the deceased alive on 3.17.52, and that death occurred at 11:05A.m., from the causes and on the date stated above.

SIGNATURE L. F. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 3.18.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 20 1952

NAME OF CEMETERY OR CREMATORY Steele Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REG. March 18, 1952

REGISTRAR'S SIGNATURE Walter K. Mantz, M.D.

24. FUNERAL DIRECTOR M. Eichhorn, ADDRESS "

RECEIVED
MAR 26 1952
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

2-75

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Summerfield
4. DATE OF DEATH (Month) Mar (Day) 5 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 17 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Pendleton County W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Waybright
14. MOTHER'S MAIDEN NAME Martha Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Kenneth Griffey Ellerslie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - of Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inoperable

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ~~3 5 [illegible]~~ 9:30 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to 3-5, 1952, that I last saw the deceased alive on 3-5-52, 19..., and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Wallace Lewis Jr. ADDRESS 49 Main St DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 8 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland (State) Maryland.
DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE J. Lloyd Wolfe
24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

RECEIVED
MAR 12 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02479

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 135 Bedford St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) C. (Last) Thompson
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec.7-1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr.of the Union News
10b. KIND OF BUSINESS OR INDUSTRY B&O.R.Ry Station
11. BIRTHPLACE (State or foreign country) Monongahila,Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Thompson
14. MOTHER'S MAIDEN NAME Lucinda Kenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-110-0888
17. INFORMANT AND ADDRESS wife) Bessie Hodel Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	at once
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. (Degree or title) ADDRESS Cumberland,Md. DATE SIGNED March 10-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 12 '52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. March 12, 1952 REGISTRAR'S SIGNATURE Winter R. Franz, M.D. 24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 18 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02480

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Mt. Savage
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HENRY (Last) TRIMBLE

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 7-22-1858

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Trimble

14. MOTHER'S MAIDEN NAME: Mariah Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Victor Trimble, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis

4 () Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Deming, M. D. H. V. Deming M.D. Cumberland, Md. Mar. 4 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-7-1952
NAME OF CEMETERY OR CREMATORY: St. George Cemetery
LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: 3/7/52
REGISTRAR'S SIGNATURE: Verna M. Pennett

24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

RECEIVED
JUL 11 1952
BUREAU OF

Within corporate lim DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2181 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND.
STREET ADDRESS (If rural, give location) 634 FAYETTE Street

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) Bramwell (Last) VAN ORMER

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH: Sept. 11, 1878
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY SHAFFER
14. MOTHER'S MAIDEN NAME: LOUISA KEMERER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 153X
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(a) Carcinoma Sigmoid colon with metastasis
DUE TO to live and abdominal cavity.
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: App. 1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid colon with metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1951, to Mar 16, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 3:18 P.M. from the causes and on the date stated above.

SIGNATURE Wylie M. Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED Mar 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 19, 1952
NAME OF CEMETERY OR CREMATORY Chestnut Ridge Cemetery
LOCATION (City, town, or county) Schellsburg (State) Pa.
DATE REC'D BY LOCAL REG. March 20, 1952
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hofer-Cumberland Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. &

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817 Shawnee Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 817 Shawnee Ave

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Felix (Last) Wadsworth

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 18 1890
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: E & A Gas Co
11. BIRTHPLACE (State or foreign country): Peekskill N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wadsworth
14. MOTHER'S MAIDEN NAME: Anna Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 214-05-7685
17. INFORMANT & ADDRESS: Mary Arnold Wadsworth Cumld.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 mos

DUE TO

24 IX Antecedent cause(s) (b) Bronchial asthma — 2 1/2 yr.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1950, to Mar 28, 1952, that I last saw the deceased alive on Mar 28, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Kitt Trevaskis, Sr. M.D. Cumberland, Md 3/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 31 52
NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REG. March 31, 1952
REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.
24. FUNERAL DIRECTOR ADDRESS Louis Stein Inc. Cumberland.

RECEIVED
APR 4 1952
BUREAU N. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02483 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 949 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 949 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Curtis (Last) Wagoner

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 8, 1867
9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Track Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Fort Ashby W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Wagoner
14. MOTHER'S MAIDEN NAME: Elizabeth Agnes Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-7922
17. INFORMANT & ADDRESS: Chas Whitacre, 949 Md Ave City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs
DUE TO
Antecedent cause(s) (b) Arteriosclerosis & Senility
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12/52, 19....., to 3/16/52, 19....., that I last saw the deceased alive on 3/5/52, 19....., and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE H. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md DATE SIGNED 3/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 19, 1952
NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery
LOCATION (City, town, or county) Fort Ashby (State) W. Va
DATE REC'D BY LOCAL REG. March 19, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J Hafer — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02484 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 30 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 90 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) F. (Last) Watson

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-24-1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Brother in law's Home

11. BIRTHPLACE (State or foreign country): Johnstown, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lord Watson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 90 E. Main St Charles Atkinson, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cancer of the lung	2 years
163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to 3-2, 1952, that I last saw the deceased alive on 3-2, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Adolph Wolfermer (DEGREE OR TITLE) M.D. ADDRESS Frostburg DATE SIGNED 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3-5-1952 NAME OF CEMETERY OR CREMATORY Frostburg Memorial LOCATION (City, town, or county) Frostburg (State) Md

DATE REC'D BY LOCAL REG. 3-5-52 REGISTRAR'S SIGNATURE Mrs Nancy H. Roe

24. FUNERAL DIRECTOR Jacob Hafer ADDRESS Frostburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 10 1952
BUREAU V. S.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

62485

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1304 Lexington Ave.

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) J. (Last) Whetzel
4. DATE OF DEATH (Month) March (Day) 28 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug.1-1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill operator. Retired 10 yrs.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Tire Co
11. BIRTHPLACE (State or foreign country) W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Whetzel
14. MOTHER'S MAIDEN NAME Martha Boswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 214-07-0170
17. INFORMANT AND ADDRESS Memorial Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gangrene of the intestines due to thrombous ?

4 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of the superior mesenteric artery, from

(c) mural thrombous, right heart, patent foreman ovale.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes * ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy *, *nspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. March 28-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 30 52
NAME OF CEMETERY OR CREMATORY Abe Cem.
LOCATION (City, town, or county) Old Furnace Rd. (State) W. Va.
DATE REC'D BY LOCAL REG. March 30, 1952
REGISTRAR'S SIGNATURE Winter R. Hantz M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
APR 4 1952
[redacted]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

62186

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Western ort
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 269 Main Street Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Western ort
STREET ADDRESS (If rural, give location) 269 Main Street Extended.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) L. (Last) White

4. DATE OF DEATH (Month) Mar. 9, (Day) 1952. (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 24, 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Foundry Owner
11. BIRTHPLACE (State or foreign country) Westernport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick White
14. MOTHER'S MAIDEN NAME Margaret Kirkwood.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Adrian White. Western ort, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vascular Arterio Sclerotic	At Once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Disease.	1[illegible] yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. V. Deming. M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED March 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF MARCH 12, 1952
NAME OF CEMETERY OR CREMATORY St. Peter's
LOCATION (City, town, or county) (State) Westernport Md.

DATE REC'D BY LOCAL REG. March 12, 1952
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR W. Harold Fredlock Jr. ADDRESS Piedmont W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 14 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02487

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2/27/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 723 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) E. (Last) Winterstine

4. DATE OF DEATH: (Month) 3 / (Day) 3 / (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1899
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: Worker of Celanese
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franklin Winterstine
14. MOTHER'S MAIDEN NAME: Fannie Zinkwise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-9033
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Myocarditis c̄ Failure	?
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	arteriosclerosis.	?
	DUE TO (c)	Hypertension.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Congestion, 7 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1952, to Mar. 3, 1952, that I last saw the deceased alive on Mar. 3, 1952, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (DEGREE OR TITLE) ADDRESS 49 Green St. DATE SIGNED 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/6/52
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU U. S.

Within corporate limits DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62188 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
STREET ADDRESS (If rural, give location) 119 VIRGINIA AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) G. (Last) WOLFORD

4. DATE OF DEATH: (Month) MARCH (Day) 16, (Year) 1952

5. SEX: female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 4/17 1887

9. AGE last birthday: ~~[illegible]~~ 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ours Home

11. BIRTHPLACE (State or foreign country): BENNA, Hyndman

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BUSH, JACOB

14. MOTHER'S MAIDEN NAME: [redacted], Elizabeth May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of liver, primary — INTERVAL BETWEEN ONSET AND DEATH: approx 4 months

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 14, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver extensive

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1952, to Mar 16, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE Wylie M Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md. DATE SIGNED Mar 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-19-52 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. March 18, 1952 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAR 26 19[illegible]
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place): 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 220 Cecelia Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 220 Cecelia Street

3. NAME OF DECEASED: (First) Lloyd (Middle) Hudson (Last) Wood

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 2, 1888

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Conductor

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): Luray, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles B. Wood

14. MOTHER'S MAIDEN NAME: Nancy Keyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of ——)

16. SOCIAL SECURITY NO.: 705-10-0946

17. INFORMANT & ADDRESS: Mrs. Minnie Wood, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteria sclerotic CVD. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md. —

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/12/47, 19....., to 3/7/52, 19....., that I last saw the deceased alive on 3/6/52 19....., and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE: W. McWilliams (DEGREE OR TITLE) M.D. ADDRESS: Cumberland, Md DATE SIGNED: 3/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 10, 1952
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 8, 1952
REGISTRAR'S SIGNATURE: Winter K. Wantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md.
ADDRESS

VS-A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

RECEIVED
1952
BUREAU V. S.

Within corporate limits DR. SIMONS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 21 WATER ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) F (Last) ZAIS
4. DATE OF DEATH: (Month) (Day) (Year) MARCH 25, 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JUNE 23, 1875
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Foreman (Silk)
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: JOHN T. ZAIS
14. MOTHER'S MAIDEN NAME: PHOEBE WOLFORD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial degeneration c̄	
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac failure	2 weeks
	DUE TO (c) Pneumonia lobar	3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, spine - Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1952, to 3/25, 1952, that I last saw the deceased alive on 3/25, 1952, and that death occurred at 11:40 AM from the causes and on the date stated above.

SIGNATURE George M Simons M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED 3/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-27-1952
NAME OF CEMETERY OR CREMATORY Philos Cem.
LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. March 26, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02491

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 508 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): 508 Mayland Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ROBERT (Last) ZAIS

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1952

5. SEX: ~~WHITE~~ M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 5, 1899

9. AGE last birthday: 52 yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright

10b. KIND OF BUSINESS OR INDUSTRY: Appliance Co.

11. BIRTHPLACE (State or foreign country): Westernport, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. S. Zais

14. MOTHER'S MAIDEN NAME: Susan May Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-01-9795

17. INFORMANT AND ADDRESS: Mrs. John R. Zais, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 Days

Antecedent cause(s) 422.2 (b) Chronic Myocarditis and Myocardial Degeneration Not Specified as Rheumatic — 2 Years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to Mar 21, 1952, that I last saw the deceased alive on Mar. 21, 1952, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE: Paul R Wilson (Degree or title) M.D. ADDRESS: Piedmont, W. Va. DATE SIGNED: Mar. 24, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 24 Mar 52 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county) (State): Westernport, Maryland

DATE RECD BY LOCAL REG.: Mar. 24, 1952 — REGISTRAR'S SIGNATURE: Mrs. Jean C. Kelly

24. FUNERAL DIRECTOR — ADDRESS: E. S. Boal, Westernport, Maryland

RECEIVED
MAR 31 1952
BUREAU V. S.